

RECEIVED

NOV 29 2005

188358

Please print, sign and return to the Department of Ecology



Water Well Report

Original - Ecology, 1st copy - owner, 2nd copy - driller

Construction/Decommission

☒ Construction☐ Decommission ORIGINAL INSTALLATION Notice of Intent Number _____

PROPOSED USE:		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal
<input type="checkbox"/> DeWater	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Test Well	<input type="checkbox"/> Other _____	
TYPE OF WORK: Owner's number of well (if more than one) _____				
<input checked="" type="checkbox"/> New well	<input type="checkbox"/> Reconditioned	Method: <input type="checkbox"/> Dug	<input type="checkbox"/> Bored	<input type="checkbox"/> Driven
<input type="checkbox"/> Deepened		<input checked="" type="checkbox"/> Cable	<input type="checkbox"/> Rotary	<input type="checkbox"/> Jetted
DIMENSIONS: Diameter of well <u>6</u> inches, drilled <u>330</u> ft.				
Depth of completed well <u>330</u> ft.				
CONSTRUCTION DETAILS				
Casing	<input checked="" type="checkbox"/> Welded	Diam. from <u>1.5</u> ft. to <u>320</u> ft.		
Installed:	<input type="checkbox"/> Liner installed	Diam. from _____ ft. to _____ ft.		
	<input type="checkbox"/> Threaded	Diam. from _____ ft. to _____ ft.		
Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of perforator used _____				
SIZE OF perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.				
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> K-Pac Location <u>319</u>				
Manufacturer's Name _____				
Type	<u>Stainless</u>	Model No. <u>7ELE</u>		
Diam.	<u>6</u>	Slot size <u>15</u> from <u>320</u> ft. to <u>330</u> ft.		
Diam.		Slot size _____ from _____ ft. to _____ ft.		
Gravel/Filter packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel/sand _____				
Materials placed from _____ ft. to _____ ft.				
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth? <u>18</u> ft.				
Material used in seal <u>Bentonite</u>				
Did any strata contain unusable water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of water? _____ Depth of strata _____				
Method of sealing strata off _____				
PUMP: Manufacturer's Name _____				
Type: _____ H.P. _____				
WATER LEVELS: Land-surface elevation above mean sea level <u>310</u> ft.				
Static level <u>291</u> ft. below top of well Date _____				
Artesian pressure _____ lbs. per square inch Date _____				
Artesian water is controlled by _____ (cap, valve, etc.)				
WELL TESTS: Drawdown is amount water level is lowered below static level				
Was a pump test made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom? _____				
Yield:	_____ gal./min. with _____ ft. drawdown after _____ hrs.			
Yield:	_____ gal./min. with _____ ft. drawdown after _____ hrs.			
Yield:	_____ gal./min. with _____ ft. drawdown after _____ hrs.			
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)				
Time	Water Level	Time	Water Level	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Date of test _____				
Bailer test	<u>10</u> gal./min. with <u>1</u> ft. drawdown after <u>2</u> hrs.			
Airtest	_____ gal./min. with stem set at _____ ft. for _____ hrs.			
Artesian flow _____ g.p.m. Date _____				
Temperature of water _____ Was a chemical analysis made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Current

Notice of Intent No. W 177692Water Resources Program
Department of EcologyUnique Ecology Well ID Tag No. ALA 578

Water Right Permit No. _____

Property Owner Name STUART YOUNGWell Street Address 194 ALEXIS LANECity COUPEVILLE County ISLANDLocation NE 1/4-1/4 NW 1/4 Sec 18 Twn 31 R2 ☒ EWM or WWM ☐ circle one

Lat/Long (s, t, r) Lat Deg _____ Lat Min/Sec _____

still REQUIRED) Long Deg _____ Long Min/Sec _____

Tax Parcel No. R23118-384-2710

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
BROWN Gravelly clay	0	24
comp Gravel	24	47
Dirty sand	47	62
Hard pan	62	98
comp Gravel	98	157
Gravelly clay	157	169
clay	169	180
Gravelly clay	180	194
Silty sand	194	225
comp Gravel	225	292
Sand/clay mix	292	308
Blue Water Gravel clay	308	319
Water Gravel	319	330

Well site meets all set backs
under ICC 809

County Well Site approved
for fill set backs.

Start Date 9-20-04 Completed Date 10-5-04

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Driller/Engineer/Trainee Name (Print) Gerard Boonstra
 Driller/Engineer/Trainee Signature Gerard Boonstra
 Driller or trainee License No. 0038

IF TRAINEE.

Driller's Licensed No. _____

Driller's Signature _____

Drilling Company WHIDBEY WELL DRILLERS
 Address 716 HOLBROOK RD
 City, State, Zip COUPEVILLE WA 98239

Contractor's

Registration No. WHIDBWD9714 Date 10-05-04

Ecology is an Equal Opportunity Employer.

ECY 050-1-20 (Rev 2/03)

WELL #2 ON LOT 8

Notification Number

W147522



NOTICE OF INTENT TO CONSTRUCT A WATER WELL

This form and required fees **MUST BE RECEIVED** by the Department of Ecology 72
HOURS BEFORE you construct a well.

Submit one form and required fee (check or money order ONLY) for each job site. Mail this form to the Department of Ecology, Water Resources Program, Well Drilling Unit, PO Box 47600, Olympia WA 98504-7600. Instructions for filling out this form are printed on the back.

NOTE: PLEASE PRINT ALL ANSWERS. PROCESSING YOUR NOTICE OF INTENT MAY BE DELAYED IF ALL FIELDS OUTLINED IN THE (BOXES) ARE NOT FILLED IN COMPLETELY.

1. Property Owner STUART YOUNG Phone No. 206-525-7796
Address (include city, state and zip) 5500 NE PENRITH RD SEATTLE, WA 98105

2. Agent (if different from #1) _____ Phone No. _____
Address (include city, state and zip) _____

3. Well Location: SE 1/4-1/4 of the NW 1/4 Section 18 Township 71N Range 2 EWM
or
WWM (circle one)
4. Print COUNTY NAME of well location (DO NOT ABBREVIATE) Island
5. Will the intended withdrawal from this well exceed 5000 gallons per day or be used to irrigate more than 1/2 acre of non-commercial lawn or garden? (check one) ☐ Yes (Copy of Water Right Permit attached) ☐ No
6. Type of well construction: ☒ New ☐ Deepened ☐ Reconditioned ☐ Other _____
7. Purpose of Use: ☐ Domestic ☒ Group Domestic ☐ Irrigation ☐ Other _____
8. Approx construction start date 10-4-03 9. No. of homes to be served 1

Latitude and Longitude (if available) NOTE: 1/4-1/4, 1/4, section, township and range are REQUIRED.

Lat Degrees _____ Lat Time _____ Horizontal collection
Long Degrees _____ Long Time _____ method _____

10. Well Site Street Address NONE - SOUTH OF SQUIRREL ROAD EAST OF SR 20
11. Tax parcel number R 23118-330-3500

12. Contractor L & I Registration No. CABLETW 13203
13. Well Drilling Company Name Cable Tool Well Drilling Company Phone No. 425-885-1538
14. Well Driller Name Jack W. Richardson License No. 0852

15. SEND THE ENTIRE FORM. The bottom portion of this notice will be validated in our office and sent back to the name and address contained on the address label. This is the proof of notification. Please fill out the portion below CAREFULLY.

NOTE: Please copy the Notification Number (located in the upper and lower right corner) and keep in a safe place. Please reference this number when communicating with the Department of Ecology.

Well Size:

1. New Well less than 12" in diameter - \$100.00
2. New Well 12" in diameter or larger - \$200.00

This notification number must be provided to your well driller.

W147522

Amount Enclosed \$ _____

RETURN NAME AND MAILING ADDRESS

Name STUART YOUNG
Address 5500 NE PENRITH RD
City SEATTLE State WA Zip 98105

Client Name _____



The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

Reference

Well Size:

- 1. New Well less than 12" in diameter - \$100.00
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This notification number must be provided to your well driller:

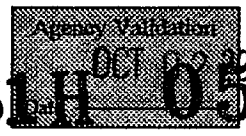
W147522

Amount Enclosed \$

RETURN NAME AND MAILING ADDRESS

Name <u>STUART YOUNG</u>			
Address <u>5500 NE PENRITH RD</u>			
City <u>SEATTLE</u>	State <u>WA</u>	Zip <u>98105</u>	

Client Name



461H 0503